



November 15, 2010

Chairman Gelder and Members of the Implementation Committee, on behalf of Dr. Mary Milano, Director of the Illinois Guardianship and Advocacy Commission (IGAC), I thank you for the opportunity to testify on this important issue.

The Illinois Guardianship and Advocacy Commission, an executive state agency, was created to safeguard the rights of persons with disabilities through three programmatic divisions, the Office of State Guardian, the Legal Advocacy Service and the Human Rights Authority.

The Office of State Guardian (OSG) currently serves as guardian of last resort to more than 4800 adults living statewide. The majority of our wards reside in group homes and community integrated facilities. While most of these individuals are persons with intellectual disabilities, our disabled aged wards and wards with chronic mental illness continue to live in nursing care facilities and IMD's (Institutes for Mental Disease). Community placement options for this group have been quite limited over the decades. We are please that this will be changing. Ninety-five (95%) of our wards are already eligible for Medicaid and many of the changes that have been proposed won't impact them directly.

OSG is looking forward to the implementation of the current state plan to expand the home and community and based waiver program for persons with mental illness, to create additional supportive living facilities for the elderly and disabled and the continued work of the nursing home diversion project. These efforts will assist and support our current and future wards with securing and maintaining community placements.

When I speak with our central and southern staff I'm always reminded of the lack of medical, psychiatric and rehabilitation resources in many communities. Some of our wards travel long distances to receive services. The map of providers for the uninsured seems to support the experiences of our wards. There appears to be numerous gaps, particularly in rural communities. As an example, one of our wards had to be transported more than 150 miles to secure inpatient psychiatric services. The Ward lived south of Champaign and there were no beds available. The Ward ultimately received services at Loretto Hospital, on the West Side of Chicago.

Imagine being a person with a psychiatric crisis and the only treating facility with an open bed is 3 hours away. Imagine being removed from your community, your residential service provider and all those who know your history. As I'm sure you understand, continuity of care, visitation and follow-up are all important consideration when it comes to containing expenditures, stabilizing patients and providing for the best outcomes possible.

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For this reason, the Guardianship and Advocacy Commission urges this healthcare Reform Implementation Council to work to identify additional medical and mental health providers that will accept both Medicaid clients and treat the uninsured in rural areas and across the state.

We would like to thank the Governor and the Council for giving Illinoisans an opportunity to provide input into the Affordable Care Act implementation process. As the process moves forward, GAC would be glad to answer any questions the Committee might have about the experience of our Wards.